

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*10-049,800*

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2	1						52		
3							53		
4	21						54		
5	14						55		
6	41						56		
7	10						57		
8	91						58		
9	10						59		
10	51						60		
11	10						61		
12	41						62		
13	1						63		
14	10						64		
15	6						65		
16	0						66		
17	1						67		
18	1						68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	14	↔	↔	↔			TOTAL DEP.	↔	↔
TOTAL CLAIMS	15						TOTAL CLAIMS		